



# CRS Parent Connection

Alabama Department of Rehabilitation Services



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## Rita Cobbs, CRS Parent Consultant

Celebrating life is a great opportunity to show others that there are many joys in our lives even in the midst of the toughest situations. That is what makes my world of laughter, love and faith so important. These three things create within me an attitude of opportunity when I talk about my family and my job.

I serve the Huntsville CRS office as parent consultant. Although I have been employed in this position for just one year, I have volunteered in this office for eighteen years. I have been privileged to serve on the local and state parent advisory committees since they began and chaired the committee that brought the diaper voucher program into existence. Though the voucher program has ended, it has helped so many people.

Being a parent consultant has given me many opportunities to help others with resources, IEPs and educational supports, lend a listening ear and comfort, and be a support person for families, co-workers and the community. Most of all it has allowed me to turn tears into smiles and to offer a hug when one is needed. I love being a parent consultant because of you and your families.

I am working on a project to develop three specific support groups—one for parents and guardians of individuals with disabilities, another for teenagers with disabilities, and one for siblings of individuals with disabilities. Increasing the resources in our parent library so that

more materials will be available is an ongoing project.

My family is a tremendous circle of support. My husband of twenty-four years, Jerry, has a gift for working with our sons, living with a zany person like me and sharing the hobby of amateur radio (KE4AHL). Jerry and I have a date night once a week, allowing us time together as a couple and to not forget, in the daily routine, that we need time to simply talk. We have three sons, Garrett 19, Joel 16 and Ethan 10. All three are individuals with disabilities. Garrett was born with cerebral palsy and at age four was labeled mentally challenged. Garrett attends Brewer High School, loves baseball and NASCAR. Joel and Ethan share varied seizure disorders. Joel, is home schooled, plays a twelve string guitar and writes for the local newspaper as a teen editor. Ethan, whose passion is cooking and art, is also home schooled. Together we all love baseball, music, reading, traveling and attending First Baptist Church, Huntsville. We live in Hartselle with a service dog, Beau, three cats, a hamster, a fish, two frogs and millions of dust bunnies that we have declared as science projects.

Celebrating life means scrapbooking, graphic and website design, playing with my dog Chocolate, hanging with my sons, reading, and going to the movies. With my family's help, I am learning to play golf, but refuse to play until I get my own set of pink golf clubs and bag. I am a member of the Red Hat Society, although

I am not yet fifty! Dressing up in great outfits, flashy hats and lots of accessories make these the best tea parties one can attend. You might see me with a green facial mask, wearing my fuzzy wuzzy slippers, a ratty house coat, my hair up in bright colored rollers, or my frizzy hair up in a sleepy style with a furry boa around my neck. Then there is the coffee mug filled with hot French vanilla, a chocolate bar beside it, while I'm surfing the internet.



I am a 2005 Partners in Policy Making graduate. I might be found on the Alabama State Capital steps helping others push a bill to make a better life for our families, our children and our future. I will be there for families as a support for the future of their loved ones. I will wrap my arms around the teenagers and young adults who are in transition, trying to make sense of it all. Why do any of this?

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## CRS Parent Connection

**Editor:** Susan Colburn  
State Parent Consultant

**Layout & Design:** Joann Brothers  
Resource Assistant

**Contributing Writers:** Rita Cobbs  
Diana Denboba  
Jennifer Thomas  
Stephanie Fore  
Sandra Hazzard  
Penny Strickland

**Address Inquiries To:**

Susan Colburn  
Children's Rehabilitation Service  
2129 East South Boulevard  
Montgomery, AL 36116  
Phone: (800)846-3697  
(334)613-2284  
Fax: (334)613-3553  
E-Mail: [scolburn@rehab.state.al.us](mailto:scolburn@rehab.state.al.us)

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# From The Director's Chair



Hello, Families!

Hooray!! It's fall, my favorite time of the year. The change of season brings football, holidays, family gatherings, great food and cool weather. I can't wait!

Speaking of "can't wait": We have an extremely important activity that must be addressed this fall, and that is communicating the critical funding needs of the CRS program to Governor Riley and our legislators. ***It can't wait!***

I mentioned in a previous newsletter that ADRS requested a budget increase of \$2.6 million for CRS during the last legislative session. In the end, we received a \$519,000 increase. While we are appreciative of the increase, it was \$2.1 million short of what we needed. The result was more service cuts to families, just as we had predicted. We were not "crying wolf" last year, and we are not "crying wolf" now. The hard truth is that failure to receive a significant state funding increase in FY 2007 could be disastrous for CRS! ***We have got to stop the bleeding of our services and programs and its terrible impact on our families!***

CRS is working on our 2007 budget request as I write this letter. We are also beginning to develop a plan for doing a better job of communicating our critical need for increased funding support to the governor and Legislature. We will soon be providing you with information about our funding needs and our communication plan. We will also be asking you again for your support in the effort to return CRS to an adequately funded position. Your support last year was tremendous and made a great difference in getting our funding increase. Together, however, we have got to do a better job of raising the needs of our families up the funding priority flagpole.

We must all join together to accomplish our mission, and I am convinced that united we can do it! CRS exists to serve you – our families – and I personally promise that we will do all that we possibly can to stop the bleeding and provide you the services you deserve. THANK YOU for your support of the Alabama Department of Rehabilitation Services and CRS. ***We will be back in touch with you soon!***

TOGETHER WE CAN MAKE A DIFFERENCE!

Cary Boswell  
Assistant Commissioner  
Alabama Department of Rehabilitation Services

# Cultural Competence

## What It Is, What It's Not

by Diana Denboba, Health Resources and Services Administration

Diversity, cultural awareness, cultural sensitivity, cultural effectiveness and cultural competence — you may think these terms are interchangeable, but they're not. The Maternal and Child Health Bureau (MCHB) has chosen to use the term cultural competence as a value across all of its activities and partnerships.

**Culture** means the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group. It is learned behaviors common to a human society that acts like a template, shaping behavior and consciousness from generation to generation.



**Culture is not synonymous with race. From Russian immigrants to rural Appalachians, to the Amish, to you and me — everyone has a culture.**

**Competence** is the ability to function effectively. Many definitions of cultural competence have evolved from diverse perspectives, interests, and needs. Definitions are incorporated in state legislation, federal statutes and programs, private sector organizations, and academic settings and accreditation criteria. Any comprehensive definition must address not only attitudes but actions and practices.

### Cultural Competence Defined

Cultural competence, as defined in The Developmental Disabilities Assistance and Bill of Rights Act of 2000, means services, supports, or other assistance conducted or provided in a manner that is responsive to the beliefs, interpersonal styles, attitudes, language, and behaviors of

individuals who are receiving services, and in a manner that has the greatest likelihood of ensuring their maximum participation in the program.

The reality of striving to achieve cultural competence is a dynamic, ongoing, developmental process that requires a long-term commitment. At a systems, organizational, or program level, cultural competence requires a comprehensive and coordinated plan that includes interventions at the levels of:

- policy making;
- infrastructure building;
- program administration and evaluation;
- the delivery of services and enabling supports; and
- the individual.

Five essential elements that contribute to the ability of a system, institution or agency to become more culturally competent include:

- valuing diversity;
- having the capacity for cultural self-assessment;
- being conscious of the dynamics inherent when cultures interact;
- having institutionalized culture knowledge; and
- having developed adaptations to service delivery, outreach, and advocacy reflecting an understanding of cultural diversity.

At the individual level, cultural competence is an examination of our own attitudes and values, and the acquisition of the values, knowledge, skills, and attributes that will allow us to work appropriately in situations with other cultural groups. Such self-reflection is an ongoing journey. Consider this example:

*"Scheduling appointments (with my child's doctor) is difficult. You have to prepare for a ceremony...so you can't make the appointment... then there's a big NO SHOW in your chart. They (providers)*

*need to be flexible."* This Native American parent is saying that, at times, they can not make scheduled appointments if they have to attend healing or other ceremonies. Has this Native-American family been unfairly labeled noncompliant?

### Did you know that ...

- The perception of illness and disease and their causes varies by culture.
- Diverse belief systems exist related to health, mental health, healing and well-being.
- Culture influences help-seeking behaviors and attitudes toward care providers.
- Individual preferences affect traditional and other approaches to care.
- Patients must overcome historical and personal experiences of biases within health-care systems.

### Linguistic Competence

A component of cultural competence is *linguistic competence*, the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences, including persons of limited English proficiency, those who are not literate or have low literacy skills, and individuals with disabilities. Let's look at a few scenarios:

*"You go to a meeting concerning your child, and they talk 90 miles an hour, and you're hearing it at 5 miles an hour, and understanding at maybe 2 miles an hour."* Has this family with English as a second language really understood the diagnosis and treatment prescribed?

*"I do this dance all of the time (trying to elicit information with families). Sometimes its forthcoming and sometimes it just simply is not."* Does this provider understand the cultural implications for some families of sharing information?

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**Cultural brokering is the act of bridging, linking or mediating between groups or persons of differing cultural backgrounds for the purpose of reducing conflict or producing change. A cultural broker acts as a go-between—one who advocates on behalf of another individual or group.**

The 2000 Census data show that over 47 million people speak a language other than English at home, up nearly 48% since 1990; and, although the majority are able to speak English, over 21 million speak English less than “very well,” up 52% from 14 million in 1990. Are we prepared to serve and outreach to this population?

### **Cultural Competence and Family-Centered Care**

Cultural competence is intricately linked to the concept and practice of family-centered care. Family-centered care assures the health and well-being of children and their families through a respectful family-professional partnership. It honors the strengths, cultures, traditions, and expertise that everyone brings to this relationship. Family-centered care is the standard of practice that results in high-quality services.

The foundation of family-centered care is the partnership between families and professionals, so that families feel they can be decision-makers with providers at different levels—in the care of their own children and as advocates for systems and policies supportive of children and youth

with special health care needs. It requires culturally competent attitudes and practices. It often requires building relationships with community cultural brokers (see box at right), who can assist in understanding community norms and can provide links with other families and organizations, such as churches, beauty shops, and social clubs.

### **National Centers for Cultural Competence**

The Division of Services for Children with Special Healthcare Needs (DSCSHN) within MCHB is currently funding its 4th National Center for Cultural Competence (NCCC), through competitive funding opportunities; the first was with the Texas Department of Public Health, and the last three, with the Georgetown Child Development Center. DSCSHN, in collaboration with these national centers, families, State Title V programs, and grantees have promoted and helped put cultural competence into action at the policy, guidelines, and practice levels in many Title V, Sudden Infant Death Syndrome (SIDS) programs, Substance Abuse and Mental Health Administration

(SAMHSA) activities, and in research and training programs.

The mission of NCCC is to increase the capacity of health and mental health programs to design, implement, and evaluate culturally and linguistically competent service-delivery systems. The NCCC has been able to provide on-site organizational assessments with Title V/ Public Health programs that have included community partners and focus groups with families. A “Cultural and Linguistic Competence Self-Assessment Questionnaire” developed by James Mason (OR) has versions relevant for administrators/ policy makers, consumers, and providers.

Organizational self-assessment can lead to a collaboratively developed plan of action with clearly defined short- and long-term goals, measurable objectives, and identified resources. It provides a vehicle to measure outcomes for personnel, organizations, and the community at large. NCCC is also developing self-assessments that can be used by family organizations and hospitals.

### **Look what other centers are doing around the country:**

- The **Florida** Institute for Family Involvement (FIFI) has a cultural competence advisory committee that assists with activities and reviews materials.
- The **California** F2F Center, Support for Families of Children with Disabilities, has linked with translators and has family information, education and support in a number of languages, including English, Spanish, Cantonese, Mandarin, Hmong, Vietnamese, Hindu, Urdu, Farsi, Hebrew, Japanese and Tagalog.
- The PACER F2F Center in **Minnesota** (Parent Advocacy Coalition for Educational Rights) uses American Sign Language interpreters and makes use of PACER’s Simon Technology Center with information about Braille and assistive technology.
- In the F2F centers in **Maine** (Project REACH) and **Vermont** (Parent to Parent), family health partners are located across the states in community-based organizations to reach isolated rural families.
- In **Tennessee**, the F2F center with the TN Disabilities Coalition is outreaching to the Hispanic and Appalachian population using cultural brokers.
- New Jersey’s** Statewide Parent Advocacy Network (SPAN) program provides training to organizations/providers on how to recruit, train and maintain relationships with diverse family members for committees and ongoing feedback.
- Maryland’s** F2F center and their organization Parents’ Place of Maryland, along with NCCC, has made a commitment to cultural competence with infrastructure and other changes, increasing the participation of culturally diverse families by 11%.

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## (Cultural Competence continued from page 4)

In addition, the NCCC provides a number of services, including the provision/coordination of on-site consultation by its staff or state and local leaders in the area of cultural competence; assistance with planning and needs assessment processes; a variety of materials, family stories and a Spanish language portal that can be accessed on the website [www.gucchd.georgetown.edu/nccc/](http://www.gucchd.georgetown.edu/nccc/).

### The Vision of MCHB

Cultural competence has been incorporated into MCHB goals, key strategies, and performance measures across MCHB programs. Other Division grantees have been integrating cultural competence into their activities and philosophy as well. Through funding from MCHB and Centers for Medicare and Medicaid (CMS), Family-to-Family (F2F) Health Information Center and Family Voices network, members have been able

to increase their outreach and services to culturally diverse and geographically isolated communities.

Family Voices, Inc., with funds from MCHB, has a cultural competence/outreach initiative and has their commitment to diversity and cultural competence on their web-site. They work collaboratively with NCCC and will be piloting the family organization self-assessment.

State Title V Programs have also been busy integrating cultural competence into policies, guidelines, and activities. The Washington state CSHCN program hosted a "Family Gathering on Cultural Competency." This meeting brought together four Department of Health/CSHCN program contracts that focus on parent issues: Washington State Parent to Parent, Washington Fathers Network (WFN), The Medical Home Leadership Network, and Children's Hospital and

Regional Medical Center. The family gathering was an opportunity for contractors and MCHB staff, as well as parents, to listen to Parent to Parent Ethnic Outreach Coordinators describe strategies that increase cultural competency and reach diverse populations. Contract managers and staff were exposed to creative ideas and strategies as they developed their contracts for the next year.

MCHB envisions a nation where there is equal access for all to quality health care in a supportive, culturally competent, family and community setting.

*Special thanks to Trish Thomas, Wendy Jones, NCCC, FIFI, and those families and providers who shared their stories*

### For additional information visit:

[www.hotculture.com](http://www.hotculture.com)

[www.gucchd.georgetown.edu/nccc](http://www.gucchd.georgetown.edu/nccc)

## Hurricane Relief Information . . .



Family Voices of Alabama and Alabama Family Ties have joined together to help hurricane victims who have children with special needs. Contacts are:

Family Voices: Jerry Oveson (251) 438-1609, [oveson@bellsouth.net](mailto:oveson@bellsouth.net) or Susan Colburn (334) 613-2284, 1-800-846-3697, [scolburn@rehab.state.al.us](mailto:scolburn@rehab.state.al.us)  
Family Ties: Sarah Ellen Thompson (334) 240-8437, 1-877-834-0615, [Help@alfamilyties.org](mailto:Help@alfamilyties.org).

### Telephone Contacts

FEMA - 1-800-621-3362 or

1-800-462-7585

Red Cross - 1-866-438-4636

Medicaid - 1-800-362-1504

AL Department of Education (Special Education) - 1-800-392-8020

To give, to assist hurricane victims who have family members with special needs, see:

Family Voices, [www.familyvoices.org](http://www.familyvoices.org) or  
The Arc, [www.arclink.org](http://www.arclink.org)

### Websites

[www.cff.org](http://www.cff.org) - Cystic Fibrosis Foundation, medications for all CF patients affected by hurricane, regardless of ability to pay. Pharmacy: 1-800-541-4959

[www.thearclink.org](http://www.thearclink.org) - (The Arc), connecting hurricane families of those with special needs to the support people who can assist them.

[www.familyvillage.wisc.edu/katrina-resource-list](http://www.familyvillage.wisc.edu/katrina-resource-list)

<http://katrinadisability.info> - resource information

[www.hurricanehousing.org](http://www.hurricanehousing.org) - housing resources

## New Medicare Drug Benefit

You may have heard about the new prescription drug coverage being offered by Medicare. Although most Medicare recipients are older adults, there are some children who have both Medicaid and Medicare coverage. If your son/daughter or someone else in your family has Medicare, it will be very important to learn all you can about the choices available as this new program is implemented.

**A - APPLY FOR HELP** - Some people with limited incomes will be able to get extra help paying for Medicare Part D. If you have Medicare and your income is less than \$1,097 per month and you are not enrolled in Medicaid or a Medicare Savings Program, call the State Health Insurance Assistance Program (SHIP) at 1-800-AGE-LINE (243-5463) for assistance in applying for help paying for the new drug benefit.

**B - BE SMART!** - Each drug plan will be different. Prices and coverage will vary. Know your needs. Know your choices. This is **NOT** the same as the Medicare-approved prescription drug discount card and some people will pay a higher premium if they wait to enroll.

**C - CHOOSE A PLAN** - Everyone with Medicare is eligible for this benefit. Information will be available October 15, 2005 from 1-800-MEDICARE (633-4227) or [www.medicare.gov](http://www.medicare.gov). For local help call the Medicare counseling program (SHIP) at 1-800-AGE-LINE (243-5463).



## Traveling Together on Highway 2010

The **“Traveling Together on Highway 2010: Along the Road to Healthy Children and Youth with Special Health Care Needs”** conference was held on July 14-15 at the Sheraton Hotel in Birmingham. Nationally and locally recognized speakers including Diana Denboba (Maternal and Child Health Bureau), Patti Hackett (Healthy and Ready to Work), Polly Arango (co-founder of Family Voices), and Dr. Carden Johnston (past president of American Academy of Pediatrics) led conference sessions and met with the individual workgroups. Over the two days of the conference 111 youth, family members and professionals participated in sessions and workgroups. Work continues on these six core outcomes listed in the President’s New Freedom Initiative. Please contact us if you are interested in becoming involved in this effort.



**National speaker, Polly Arango, meets with the Family/Professional Partnership workgroup.**

**Diana Denboba spends time with some of the CRS Youth Advisory Committee members.**





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**Patti Hackett visits with Jennifer Thomas, CRS Youth Consultant.**



**Mandy Jennings, CRS Parent Consultant in Opelika, and her son Brett view one of the many exhibits.**

**The 2010 conference was partially funded with a grant from the Champions for Progress Center at Utah State University. In August, Julie Preskitt, Beverly Mulvihill, Susan Colburn and Ryan Colburn represented Alabama at the Champions multi-state meeting held in Snowbird, Utah.**





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## Diversity Statement

As a national organization, Family Voices values the diversity of many individuals who strive for quality health care for children and youth with special health care needs. It is only through the collective wisdom, experience and diversity of our family, friends and partners that Family Voices is able to speak with "One Heart, Many Voices" for children and youth with special health care needs. The following proclamation outlines the commitment of Family Voices, as a national organization, to provide services to all families, children and youth.

♥ Family Voices' mission as a national grassroots network of families and friends is to advocate for health care services for all children and youth with special health care needs that are family-centered, community-based, comprehensive, coordinated and culturally competent;

♥ Family Voices promotes the inclusion of all families and/or youth as decision makers at all levels of health care to assure the provision of quality care and the enhancement of care outcomes that are beneficial to the child, youth and his/her family;

♥ Family Voices supports the exploration, development and maintenance of essential and supportive partnerships between children, youth, families and professionals;

♥ Family Voices affirms the principles that family-centered health care benefits and services for children and youth be flexible, guided by need, be affordable and within geographic reach;

♥ Family Voices is informed by an appreciation of cultural and ethnic diversity as essential to the quality of outcomes, products and services for which it as an organization is responsible;

♥ Therefore, Family Voices commits to making every effort to understand, value, include and incorporate considerations related to diversity and cultural competence into its work and operational structure in order to assure that:

1. Issues of diversity are explicitly and implicitly at the forefront of policy, practice and research considerations;
2. Its commitment to and recognition of diversity and cultural and linguistic competency is seen as intentional and infused into all aspects of the organization by those in the network;
3. Its commitment to and recognition of diversity, cultural and linguistic competency is examined and assessed regularly and carefully as a desired outcome of work by board and senior leadership, embraced by staff, and integrated structurally in the operation of the organization;
4. Children, youth and families, and the organizations it partners with recognize and understand its championship of, commitment to, and practice of diversity and culturally competent care;
5. Improvements in the health care delivery systems for children, youth and families allow for the receipt of appropriate and responsive services that meet their unique needs;

♥ Hence, Family Voices is committed to providing the necessary training and resources to its network to develop attitudes, knowledge and skills to enable staff to provide culturally competent services to families of children and youth with special health care needs.

Family Voices, as an organization, operationally defines "Diversity" as valued differences based on ethnicity, age, socioeconomic status, religion, language, national origin, political belief, creed, race, color, sex, height, weight, geographic location, disability, gender identity, marital status and veteran status; and "Cultural Competency" as a fluid, on going life-long process that involves the individuals within the network's ability to think, feel and act in ways that acknowledge, respect and build upon ethnic, socio-cultural and linguistic diversity allowing individuals to work effectively cross-culturally.

**For information about Family Voices, please contact the Alabama state coordinators Susan Colburn (334-613-2884, [scolburn@rehab.state.al.us](mailto:scolburn@rehab.state.al.us)) or Jerry Oveson (251-438-1609, [oveson@bellsouth.net](mailto:oveson@bellsouth.net)).**





# Let's YAC About It



## From the Pen of the Youth Consultant

Well, how are you? I am back again to share with you my adventures as the CRS Youth Consultant. Before I begin, I would like to encourage youth to think about the people who are still in great need as a result of hurricane Katrina. Please remember that no matter how old or young you are, there is always something you can do to help.

This summer and fall have been very busy. In July, I had the opportunity to co-present with Patti Hackett at the Traveling Together on Highway 2010 Conference. Ms. Hackett is the co-director of Project Lead with the Healthy & Ready to Work National Center in Washington, D.C. Youth were invited to the conference and about 10 were in attendance. This was just one of the many conferences that I attended this summer.

I will not bore you with the rest of the details about all of my summer and fall events. My hope is that I am representing you, the youth, in the right light and that more youth are becoming more involved in their communities. So please let us know what you are up to. We would love to hear about it and include it in the *Let's YAC About It* section of this newsletter.

Jennifer Thomas  
CRS Youth Consultant

## Youth Advisory Committee

The Youth Advisory Committee (YAC) has been very active this summer, working on projects and offering their suggestions. On July 14, 2005, a YAC meeting was held in Birmingham, AL. The YAC made many decisions and celebrated with the members who had graduated from high school this year.

A big thanks goes out to all of the YAC members who helped out this summer. Many of them assisted with the 2010 conference, while others helped with the Youth Power Workshops.

## What's Happening

Kayla Beard, a Youth Advisory Committee member, wrote a beautiful article for the last newsletter. She is back again to share part two of her article. Here it is!

I have had several people ask for an update on my cousin who is in the army. He is currently stationed at Redstone Arsenal in Alabama for a 12-week period doing an Advance Training Course. He is now able to get weekend passes, and since I live in the area, he and his "battle buddies" came to see the family this past weekend. My, how he has grown up. It was such a pleasure meeting his friends Canto from Texas

and Strikler from Florida. I truly believe that these young men will be a great asset to the service of our county. As for Jonathan, his next assignment will be at Fort Drum, New York; that is up by the Canadian border (at least it is not overseas). Thank you all for your thoughts and prayers, and keep remembering the fine young people that are serving our country.

Kayla Beard  
The Proud Cousin of an American  
Soldier  
PFC2 Jon Lambert

In August, the *National Examiner* magazine featured an article about a Youth Advisory Committee member, Samantha Manning. The article was titled *Walking Tall: Youth Forum Helped Me Leave My Disability Behind*. In it Samantha describes her experience as a delegate of the Alabama Governor's Youth Leadership Forum for High School Students with Disabilities. The forum enhances the leadership skills of students with disabilities while giving them a chance to be surrounded by other youth who have disabilities as well. According to Samantha, "You have to have good self-esteem to be a good leader. That one little event changed my life. I'm sure it can do the same for many others."

For more information about the Let's YAC About It section of this newsletter, please contact Jennifer Thomas, CRS state youth consultant, at [jthomas@rehab.state.al.us](mailto:jthomas@rehab.state.al.us).

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## Brady's Walker



My son Brady has Angelman Syndrome and is unable to walk or talk. This is a very rare genetic disorder of which there are only an estimated 1000 known cases in the US and Canada combined. This syndrome causes many symptoms. Among

those are little or no speech, delayed motor skills, frequent laughter and happy demeanor. Brady is our angel and we are blessed to have him in our family. He has an amazing love for life—we could all learn from him. He is great.

Brady is unable to walk. He used to walk in a baby walker until he started trying to tip it over. He needed a way to chase his big brother around. He needed an oversized baby walker, so his dad and I sat down and made out a materials list and got started. We built it out of PVC pipe and added a Johnny jumper seat for him to sit in. Brady does very well with his walker. We really wanted him to have something for outdoor use. Since he is unable to walk, he had to sit on a blanket on the ground and watch the other kids play. With this walker he is able to run

with them and just have a good time. We put him under the sprinkler and even in the kiddie pool with his walker. Unfortunately this walker is pretty big and doesn't fit well in a vehicle, so it isn't convenient for travel; but it works very well for at home and outdoors. We have even used it on camping trips. It really helps give him some independence.

If anyone would like instruction to build this walker call (334) 222-2873 or email us at [craigfore@alaweb.com](mailto:craigfore@alaweb.com). To learn more about Angelman Syndrome, see [www.angelman.org](http://www.angelman.org).

Stephanie Fore

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## Anniston Family Connection Picnic

On July 25, 2005, CRS and our Parent Advisory Committee held a picnic at Oxford Lake to promote our PAC and Parent Connection programs. Families enjoyed the opportunity to meet, share their experiences and relax while the children were entertained by CRS staff on the playground.

The day was sunny and hot, but families came from Calhoun, Cleburne, Etowah and Talladega counties to enjoy the event. The park donated two pavilions for some shade and tables to serve the food. Several area businesses provided plenty of ice and drinks. Some of our staff's family members also helped to entertain the children with face painting, blowing bubbles and beading their hair. Susan Miller's son, Officer Joshua Miller of the Oxford Police Department, volunteered his services to fingerprint the children in connection with the Child I.D. program and gave them badges.



The location was perfect. The accessible playground is new with padding on the ground around the equipment and completely fenced in. The pavilions are located within the fenced area, so everything was convenient and safe. There is a paved walking trail around the lake.

For information about our Parent Advisory Committee and the Parent

Connection program in the Anniston, Gadsden and Talladega areas, contact Sandra Hazzard, parent consultant.

Sandra Hazzard  
CRS Parent Consultant  
1-800-289-9553  
[shazzard@rehab.state.al.us](mailto:shazzard@rehab.state.al.us)



Jeremy Miller of Gaylesville, Alabama recently graduated from Gaylesville High School and is pictured at his senior prom. This summer Jeremy had an exciting time attending Camp ASCCA. He has been to camp for the past seven years and looks forward to future camps. His favorite activities are fishing and dancing. Vocational Rehabilitation is working with Jeremy to enable him to find employment. Jeremy would like to be a greeter at Walmart. He is also trying to get into the local adult training center.

Sandra Hazzard  
Anniston CRS

## Wheelchair Wipe-out

Mobile CRS celebrated summer with a special fun day called Wheelchair Wipe-out. During the event, 20 wheelchairs were washed, 7 car seats were inspected and 2 nonfunctional seats were replaced with new ones. Radio Disney provided fun games and prizes. Outback Steakhouse catered the event with wonderful food. A first grade Sunday school class served lemonade, biscuits and doughnuts during the morning. The children also enjoyed face painting and tattoos.

Penny Strickland  
Mobile CRS

(Rita, continued from page 1)

Celebrating life is not just cheering for the great things we are experiencing, but cheering when things are bad, when we can make a difference, and when we can simply be present. It is helping another person through any means possible without considering the odds or selfish motivations. Celebrating life is helping others to reach their potential and to believe in themselves. Join us in celebrating life through great opportunities to help others. I promise your life will never be the same. An

example of this happened this past spring when we were working hard to get a legislative bill passed. My son was talking to an Alabama state representative, telling him why the bill was so important to children. Ethan said, "I am not doing this for me; I am doing this for you." You never know when your life may be touched with a situation in which you will need the help of others. So take this time to consider your gifts and talents, even the gift of gab. Then call your local parent consultant to see what you can do to help. You would be

amazed at how many ways we can allow others to celebrate life with us.

Thank you for giving me and all the parent consultants in Alabama the opportunity to serve you. I would enjoy hearing from you. I can be reached via phone at 1-800-283-9352 or (256)518-8671.

Blessings,  
Rita F. Cobbs, Parent Consultant  
rcobbs@rehab.state.al.us  
Huntsville CRS



**SKELETON  
NIGHT  
BLACK CAT  
SPOOKY  
TRICK-OR-TREAT  
MUMMY  
PUMPKIN  
VAMPIRE  
BROOMS  
COSTUMES  
OCTOBER  
SCARY  
WITCH**

## HALLOWEEN WORD SEARCH

O O P U M P K I N P M N M P S G R - T M R O B  
W T B T O C T O B E R C A C K Y M O R U O C S  
H K R M A O C S O O M S K O C O E A P N E K R  
M K C - C C H U M M S U K R K I O E N N R O T  
O M O A R W A E O S L M W S E R Y R S I G T  
R C S C R M I K C E O U V M T E C O A U P C R  
- T T - N S A T C K R R N U Y T R R B O M C M  
T K U N M R P H C A O S B M S P R O A V A - C  
B S M O Y T O O S H L A E W S P T T R C V H P  
L M E P P S K C O R C B K C E M C C - S E P T  
B L S S C A R Y O K R T M A S Y E M A E S A E  
I N T Y W C M B M I Y R S K E L E T O N C T O  
M N I G H T T R I C K - O R - T R E A T S K R  
T T I Y C S L C O H T N O - R C O C O S P V E  
S A G H O A K T O Y T H H O R R T A Y E Y E R  
I H E - T T A I O C G L I C M S B A T T T W S





## CRS Parent Connection

Children's Rehabilitation Service  
Alabama Department of Rehabilitation Services  
2129 East South Blvd.  
Montgomery, AL 36116

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## What's Ahead

November 14-16, 2005 Alabama Early Intervention and Preschool Conference; Sheraton Birmingham Hotel;  
Birmingham, AL; Contact: Jeri Jackson, [JBH50@aol.com](mailto:JBH50@aol.com)

June 25-29, 2006 Spina Bifida Association's 33rd Annual Conference; Omni Hotel at CNN Center; Atlanta,  
Georgia; Contact: [www.sbaa.org](http://www.sbaa.org)

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Children's Rehabilitation Service  
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